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Home > Provider > Certification, Licensure, and Registration > Occupational and Professional > Nursing > Nursing Practice > Advisory Rulings on Nursing Practice >

# Position Statement on the Role of RNs in the Administration of IV Conscious Sedation

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## A. Definition of Conscious Sedation

Sedation in which protective reflexes are normal or minimally altered. Conscious sedation is produced by intravenous administration of pharmacologic agents. The patient under conscious has a depressed level of consciousness, however is able to maintain a patent airway independently and continuously. The patient is also able to respond appropriately to physical stimulation and/or verbal command.

## B. Scope of Practice

The administration of analgesic/sedative doses of pharmaceutical agents is within the scope of practice of the registered nurse who is not a Certified Registered Nurse Anesthetist under the following circumstances:

1. The RN is educationally and experientially prepared as defined in Massachusetts General Law, Chapter 112, Section 80B.
2. The RN is able to provide documented evidence experience/training;
3. The RN maintains competency in the procedure; and
4. The procedure is in accordance with currently accepted standards of practice for the purpose of administering IV conscious sedation.

## C. Management

The nurse must ensure that there are organizational policies that include, but are not limited to:

1. Written protocols which address specific drugs to be used for conscious sedation, the purpose, goals, techniques, desired outcomes of administration, and the recommended dose per kilogram of body weight that may be safely administered by an RN, taking into account the patient's age and comorbidities.
2. Written emergency protocols including, but not limited to, immediate, on site availability of resuscitative equipment and personnel;
3. Documentation of training/validation for RN competency;
4. Specific written medical orders, signed by An authorized prescriber, for each patient receiving treatment; and
5. Written protocols for nursing care responsibilities, including but not limited to: procedure, including attending personnel; observation, including monitoring devices; potential complications; documentation criteria; and discharge criteria.

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